

# Handler Training Roster

## Worker Protection Standard

State of New Jersey

Department of Environmental Protection

CN 411, Trenton, NJ 08625

Tel. (609) 984-6920 FAX (609) 984-6555

*Please print all information clearly.*

TRAINER'S NAME: \_\_\_\_\_ TRAINER'S ID# : \_\_\_\_\_

DATE OF TRAINING: \_\_\_\_\_ LANGUAGE USED FOR TRAINING : \_\_\_\_\_

TRAINING SITE/ FARM: \_\_\_\_\_ (Use separate roster for each agricultural employer)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

#	Handler's Name	Card #	Birthdate	Native Language	Nationality (State/Country)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

